

authors of the forceps; Edmund Chapman, who first taught the use of that instrument; Sir Fielding Ould, who laid the foundation of our knowledge of the mechanism of labour; Giffard; Smellie; William Hunter; Denman; Macaulay, the first to practise the induction of labour; Perfect; and the first Rigby, who, as a country practitioner, made those observations and drew those classical descriptions of uterine hæmorrhage which are still revered for their truthfulness and sagacity. The President then expressed his belief that physicians and statesmen abroad would be impelled to re-examine the great question of the expediency of taking parturient women away from their homes. The provisions for the study of uterine pathology in our English schools were then discussed. Recently a new department had been instituted in our educational hospitals for this purpose. But the position and duties of the "obstetric physician" remained still undefined. The President submitted the following proposition:—"The work of the obstetric physician embraces the treatment of the diseases of the female generative organs, including the disorders and lesions, general and local, which result from pregnancy and parturition." Of course, in founding a new special department, something must be taken both from the physician and the surgeon. If the obstetric physician were to enjoy any status at all, it could only be on this condition. The difficulty in adjusting relations arose chiefly on the surgical side, probably because it seemed an anomaly for a man bearing the title of a physician to be meddling with surgery. But in point of fact the obstetric practitioner was necessarily a compound of the physician and the surgeon; his surgical character was implied in the word "obstetric." Custom which imposed upon him the general title of physician could not alter the nature of his functions. Just as the study and treatment of the diseases and lesions of the generative organs had been neglected until taken up by obstetric practitioners, so they would be again if abandoned by us. It was to obviate this neglect, to encourage the study, that the new appointment was made. To make the office and to cut off the very material for study was inconsistent. As an illustration, there was the modern appointment of an ophthalmic surgeon to our hospitals. It was given to surgeons; but they treated all diseases of the eye, even including those of constitutional nature, which physicians had always treated. If the surgeon said, "The obstetric physician must give up all operations," the physician might as reasonably say, "The obstetric physician must give us all that requires medical treatment"—for example, puerperal fever, which is not more a consequence of labour than is a slough of the vagina resulting in cicatricial atresia or vesico-vaginal fistula. This reasoning would simply lead to the annihilation of the obstetric practitioner, and is a manifest *reductio ad absurdum*. The President then called upon the Fellows to imitate the example of the Royal College of Physicians and the Royal Medical and Chirurgical Society, by opening a corporate album for the preservation of photographs of their Fellows.

POPULATION OF SCOTLAND. According to the tenth report of the Registrar General of Scotland, just issued, the population of that kingdom, estimated to the middle of July, 1864, was 3,118,701. The births were 112,445, being in the ratio of 3·60 per cent. to the population, and among them 11,069 or 9·8 per cent., were illegitimate. The deaths were 74,301, and the marriages 22,675. These numbers are respectively in the ratio of 2·35 and 0·72 per cent. to the population.

Correspondence.

DR. RICHARDSON'S SUGGESTION FOR THE TREATMENT OF OVARIAN TUMOURS.

LETTER FROM T. SPENCER WELLS, ESQ.

SIR,—Any suggestion from Dr. Richardson is so certain to be received with attention, and so likely to be carried into practice on the mere support of his authority, that I think it right to point out without delay how very great must be the danger, if his "Suggestion for the Treatment of Ovarian Tumours by Compression, and Obliteration of the Tumour at its Base or Pedicle", published at page 221 of your last number, should lead any one to treat an ovarian tumour in the manner which he has suggested. Indeed, I hardly think it possible that a patient could survive such compression of the pedicle as he proposes; for the necessary result of suddenly cutting off the supply of blood to the tumour, would be death of the tumour, or gangrene, just as certainly as the twisting of the pedicle which occasionally occurs during the natural progress of ovarian tumours is followed, in the great majority of cases, according to its completeness or suddenness, by simple venous congestion of the tumour, rupture of its vessels and hæmorrhage (sometimes enough to cause sudden death), degeneration of the extravasated blood, inflammation of the coats of the cysts, and fatal peritonitis.

It is quite true that, in some rare instances where the pedicle is very long, the spiral manner in which the Fallopian tube is wound round the blood-vessels of the pedicle proves that twisting may take place without any great compression of the vessels; and that, in some even rarer cases, a more complete but gradual twisting and compression has led to just that atrophy or shrinking of the cyst which Dr. Richardson thinks might possibly be attained by a ligature or by acupressure—the ovary being found converted either into a harmless solid body; or into a calcified capsule; or into a cartilaginous or bony foreign body, fixed in any part of the abdominal or pelvic cavity by adhesions or false membranes. In some cases—as in my 110th case of ovariectomy, recorded in the first volume of my work on *Diseases of the Ovaries*—the pedicle may be entirely severed from its connection with the uterus, and yet the tumour may not die; but may receive a sufficient supply of blood for its rapid growth from the omental or mesenteric vessels.

But this must be a very slow process; and I feel convinced that any sudden and complete compression of the pedicle of an ovarian tumour by such a surgical operation as is suggested by Dr. Richardson, would, in the vast majority of cases, be followed by the same fatal consequences as follow the sudden and complete twisting of the pedicle of an ovarian tumour by any such rotation as is occasionally observed to be one of the modes by which these tumours prove suddenly fatal.

I am, etc.,

T. SPENCER WELLS.

8, Upper Grosvenor Street, March 6th, 1865.

TREATMENT OF OVARIAN TUMOURS.

LETTER FROM B. W. RICHARDSON, M.A., M.D.

SIR,—By a note which I have received from my friend Dr. Tanner, I find that my suggestion for ligature of the pedicle of ovarian tumours is not purely original, but has been suggested by him for